

Player's Name: _____
 Parent's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____
 Other Phone #'s: _____
 Email: _____
 Age: _____ Preferred Position: _____

EMERGENCY NUMBER:

[Name and # to call if no answer at above #'s]

Name: _____
 Phone: _____

SESSION ICE TIME: [Please check your choice]

- Bantam M-F _____ 8:00-9:30am
- PeeWee M-F _____ 8:15-9:45am
- High School M-F _____ 10:15-11:45am
- Squirt M-TH _____ 10:00-11:30am
- Mite M-TH _____ 12:15-1:45pm
- Squirt M-TH _____ 12:00-1:30pm
- Mite M-TH _____ 1:45-3:15pm

DISCOUNTS: [Please check if they apply]

- c Two family Members - Receive \$20.00 off total fee.
- c Three family Members - Receive \$60.00 off total fee.
- c Four or more family Members -Talk to camp directors

No pro-rated fees for absences.

DEPOSIT: A deposit of \$100.00 is due with application. This is non-refundable. Final payment must be made on or prior to first ice session participation.

Medical Information & Waiver on right side:

This sheet must be completed before application will be accepted.

OFFICE USE ONLY:	
Starting Amount _____	Date _____
Discounts _____	Ck# _____
Deposit _____	Date _____
Balance _____	Ck# _____
Payment _____	
Balance _____	

PERMANENT WAIVER

That I / we: _____
(Parent or Guardian Name)

the undersigned, parent or guardian of _____,
 _____, do hereby
(Please Print Athlete's Name)

agree for said child and his/her heirs, executors, administrators, and assigns of said child, that neither the BlueLine Hockey School, Inc. (The "Company".), nor any of its officers, directors, instructors, employees, or shareholders shall be held responsible or liable for any negligence implied or otherwise, or personal injury, or death, or property loss, or damage suffered or sustained by said child in connection with or arising out of or resulting from any or all youth hockey activities engaged in by said child and absolve and release in the Company, its officers, directors, instructors, employees, and shareholders, and/or from all liability thereof, and further, I/we do hereby consent and agree for said child his/her heirs, executors, administrators, and assigns, not to sue, arrest, attach, or prosecute the Company, its officers, directors, instructors, employees, or shareholders for or on account of any such personal injury or death or property damage or loss, it being my/our express intent and purpose to bind said child's heirs, executors, administrators and assigns.

Date this _____ Day of _____ 2019.

Parent or Guardian: _____
(Parent or Guardian Signature)

MEDICAL INFORMATION:

In case of emergency, I/we hereby authorize emergency treatment and/or care of: _____
(Please Print Athletes Name)

If there is an emergency and I/we cannot be reached, please contact the following person, who is hereby authorized to act in my/our behalf.

Name: _____

Address: _____

Telephone Number: _____

Health & Accident Insurance Company: _____

Policy Number: _____

(Each parent is responsible for providing adequate insurance coverage as a condition for enrollment.)

Make Checks payable and send application to:

BlueLine Hockey School
 4403 5th Street South
 Moorhead, MN 56560

[Detach & Mail with Check]